# PUBLIC LIBRARY ANNUAL REPORT FY2006

**Please return paper copy or complete online version by April 1, 2007**
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If you choose paper, send completed report to: Felicia Kennedy, Maine State Library,
64 State House Station, Augusta, ME 04333-0064; Tel: 207-287-5620; Fax: 207-287-5624

## Municipality:
## Library:

**Reporting Period Starting Date (mo/day/yr):** _____
**Reporting Period Ending Date (mo/day/yr):** _____

### Part I. Federal Questions
**The first part of the report is data for the last completed fiscal year and most of this information will be forwarded to the federal government and used for the Public Library Statistics Report.**
**Please be as accurate and complete as possible.**
◆Data elements required by the federal government – SEE Data Elements Definitions for more information.

|  | <u>Last Reported</u> | <u>FY06</u> |
|---|---|---|

### Facility/Staffing

◆Total number of hours library is open each year: _____
◆Estimated space in existing building in square feet: _____

Names of towns other than your legal municipality from which you receive income or from which you have a contract with naming your library as the primary service provider for said town (the town(s) listed will be added to your Legal Service Area Poplulation.

◆**Paid Staff Full Time Equivalent**  (please report figures in FTE)

◆Total number of paid librarians with an ALA-MLS: _____
◆Total paid persons holding the title of librarian (include above): _____
◆Total all other paid staff (do not include above): _____
◆Total paid employees: _____

Number of volunteers: _____
Total number of volunteer hours per week: _____

Total Number of ALL Paid Employees (actual # of people - not FTE) _____

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## Financial Report

### ◆Operating Revenue:  (Please round amounts to nearest dollar)

1.  Municipal appropriation (local)          $_____
2.  Municipal appropriation from other towns      $_____
◆**3.  TOTAL Local Government Revenue (add items 1 & 2)**    $_____

◆4.  State Government Revenue          $_____

◆5.  Federal Government Revenue        $_____

◆6. Other Operating Revenue        $_____
(non-resident fees, dividends from endowments, gifts, book sales, etc.)

◆**7.  TOTAL OPERATING REVENUE (ITEMS 3 4 5 & 6)**    $_____

8.  Balance from Previous Year        $_____

### ◆Operating Expenditures  (Please round amounts to nearest dollar.)

◆1.  Salaries (exclude benefits)        $_____
◆2.  Employee Benefits        $_____
◆**3.  Total Staff Expenditures (items 1&2)**      $_____

◆4.   Print Materials Expenditures        $_____
◆5.   Electronic Materials Expenditures     $_____
◆6.   Other Materials Expenditures      $_____
◆7.  **Total Collection Expenditures (total all items 4-6) )**    $_____

◆8.  Other Operating Expenditures        $_____
◆**9.  TOTAL OPERATING EXPENDITURES (total items 3, 7 & 8)**  $_____

10.  Balance Forward        $_____

### Capital (Revenue and Expenditures DO NOT have to match)

◆1.  Local Government Capital Revenue     $_____
◆2.  State Government Capital Revenue     $_____
◆3.  Federal Government Capital Revenue    $_____
◆4.  Other Capital Revenue        $_____
◆5.  TOTAL CAPITAL REVENUE        $_____

◆6.  CAPITAL EXPENDITURES        $_____

## Services

◆Number of Children's Programs per year:     _____
◆Children's Program Attendance per year:     _____
Number of adult programs per year:     _____
Adult Program Attendance per year:     _____
◆TOTAL PROGRAMS per year:     _____
◆TOTAL ATTENDANCE per year:     _____

◆Total number of **library visits** per year:                                                    _____

◆Total **Reference transactions** per year:                                                      _____

**Interlibrary Loan**
*Please DO NOT include bulk loans from other libraries. For this purpose, interlibrary loan means specific title and/or subject requests.*

◆Total number of items **borrowed** on Interlibrary Loan:                             _____

◆How many Interlibrary Loan items were **provided** to other libraries:         _____

# Collection

Number of ADULT book/serial volumes:                                                          _____
Number of JUVENILE book/serial volumes:                                                    _____
◆Total no. of ADULT & JUVENILE book/serial volumes at end of year:         _____
◆Number of Electronic Books:                                                                          _____
◆Number of current print serial subscriptions received:                                  _____
◆Number of current electronic serial subscriptions received:                          _____
◆Number of Audio materials:                                                                            _____
◆Number of Video Materials:                                                                           _____
◆Number of Databases (Note:  MARVEL counts as 1):                                    _____
Does the library have a large print book collection?                                       _____

# Circulation (materials actually checked out)

Print Circulation (books and serials)
      Adult:                                                                                                          _____
      Juvenile:                                                                                                     _____
      Total Print Circulation:                                                                             _____

Non-Print Circulation (electronic, audio, video, etc.)
      Adult:                                                                                                          _____
      Juvenile:                                                                                                     _____
      Total Non-Print Circulation:                                                                     _____

◆Total Juvenile Circulation:                                                                           _____
◆Total Circulation:                                                                                         _____

Lending Period (in weeks):                                                                             _____

# Registered Patrons

Resident adults:                                                                                               _____
Resident juveniles:                                                                                         _____
Non-resident adults:                                                                                       _____
Non-resident juveniles:                                                                                  _____
Non-resident fee:                                                                                   $_____
Total Registered Patrons:                                                                              _____

# Electronic Technology

How many computers does the library have?                                                  _____
◆Number of Internet Terminals - Used by General Public                             _____
◆Number of Users of Electronic Resources Per Typical Year                        _____

**Part II. State Questions**
**The second half of the report is mostly for directory information and salary information.**
**Please report the most current information you have for this part of the report.**

**Mailing Address:** 4077

**Location Address (if different from mailing address): 16 Goodridge Drive, ORONO, ME  04473-4077**

Telephone:                                         Fax:
          EMail Address:
          Web Site:
     ILL E-mail address:                          ILL Fax number:

|  | **Last Reported** | **Current** |
|---|---|---|

Hours library is open at present (specific hours for each day--Mon: 9-12, 4-6):
Total Weekly Hours Library is Open:                                         _____

Summer Hours (if different):

## Personnel

Library Director:
Director's Home Phone (optional):

Assistant Director:

Reference:

Interlibrary Loan Contact:

Children's Librarian:

Technology Coordinator:

## Trustees and Friends

Trustee Chair/President:
Address:
Town, State, & Zip+4:
Total Number of Trustees:                                         _____
Length of Term  (in years):                                         _____
Number of meetings per year:                                         _____
How are Trustees chosen (appointed/elected/other/none):                _____
Trustees are (policy/advisory/both/none):                              _____

Is library a:  town or city department/private, nonprofit organization/other:      _____
*(choose one)*

Does your library have an active Friends group?                        _____
Friends Chair/President:
Address:
Town, State, & Zip+4:

Number of current members:                                         _____

Does your library have 501 c 3 (nonprofit) status? (yes, no, not sure)      _____

## Library Policy/Facility

Does the library have a :
    written Mission Statement? _____
    written Long Range Plan? _____
    written Disaster Policy? _____
    written Personnel Policy? _____
    written Job Descriptions(s)? _____
    written technology plan? _____
    written collection development policy? _____

Is building accessible to handicapped? _____
Is renovation/addition currently underway? _____
Is renovation/addition planned? _____
Year of planned renovation/addition? _____

Do one or more staff members subscribe to MELIBS? _____
Does library have an automated system (Circ./ Public Access Catalog/ Both)? _____
Software used (Follett/Athena/Spectrum/Triple I/Minerva/other):

Does library have an internet connection through MSLN? _____
If not, name of other internet service provider. _____
Does your library have wireless internet capabilities? _____

## Employee Benefits

***Director:***
Length of paid vacation (in days): _____
Length of paid sick leave (in days): _____
Other paid benefits:               Health Insurance? _____
                                      Retirement? _____
                                      Life Insurance? _____

***Other Staff:***
Length of paid vacation (in days): _____
Length of paid sick leave (in days): _____
Other paid benefits:               Health Insurance? _____
                                      Retirement? _____
                                      Life Insurance? _____

|                | Last Reported | Current |
|----------------|---------------|---------|

## Employee Salaries (exclude benefits)

**Library Director**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Assistant Director**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Cataloger**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Youth Services Librarian**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Young Adult Librarian**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Reference Librarian**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Circulation Librarian**
Annual Current         _____
Rate Per Hour        _____
MLS degree (yes/no)   _____

**Other:  Cataloger/Desk Atten**
Annual Current         _____
Rate Per Hour        _____

**Other:  Youth Assistant**
Annual Current         _____
Rate Per Hour        _____


**Name of person completing report:**
**Title:**
**Email:**
**Phone:**